

Cover Sheet

Adult Health Insurance

Insurance Representatives,

Please complete and attach this cover sheet when submitting an application packet to the Adult & Children Health Insurance Unit. Please print clearly and supply all requested information. We are not able to process incomplete forms.

Date Submitted

Name of Small Employer you are submitting application packet for

Insurance Representative Company Name

Tax Identification Number

Insurance Representative First Name

Last Name

Mailing Address

City

State

Zip Code

(208)

(208)

Telephone Number

Fax Number

Please mail this completed cover sheet & application packet to the following address:

Adult and Children Health Insurance Unit
150 Shoup Ave
Idaho Falls, Idaho 83402
1-866-326-2485



Good for employees, good for business!
www.AccessToHealthInsurance.idaho.gov